

MISSOURI VACCINES FOR CHILDREN (VFC) PROGRAM

DISENROLLMENT FORM

Facility/Clinic Name (Please Type or Print)		PIN #	Date
Mailing Address			County
Contact Person	Telephone	FAX	E-Mail
Reason for Disenrollment: <input type="checkbox"/> Office closing <input type="checkbox"/> Documentation/paper work <input type="checkbox"/> Other (specify) _____			Effective Date
<input type="checkbox"/> Equipment requirements <input type="checkbox"/> No longer seeing VFC-eligible children <input type="checkbox"/> Physician departed			
Signature of Person Completing Form			Today's Date

NOTE: You are responsible for all the VFC vaccine you have received. Therefore, please identify any missing doses of VFC vaccine in the Vaccine Wastage section of the Vaccine Accountability Form. The requirement to replace missing vaccine will be determined on a case-by-case basis.

INSTRUCTIONS:

1. Provide all identifying information for the clinic, including the reason for canceling enrollment in the VFC program and the effective date.
2. Mail or fax this form to the VFC program **BEFORE** the date of your disenrollment. The VFC program will contact you concerning the final vaccine accountability report and disposition of the VFC vaccine.

ADDITIONAL FORMS NEEDED:

1. Complete a VFC Vaccine Accountability form to report the doses administered and any wasted or outdated vaccines since your last accountability report.
2. Complete a Vaccine Transfer Report form to report all vaccine transferred from your clinic to another VFC clinic. If vaccine is transferred to multiple clinics, a separate form is to be completed for each clinic receiving the vaccine. The VFC program will provide assistance in locating a VFC clinic in your area.

MAIL OR FAX COMPLETED FORMS TO:

Vaccines for Children Program
MO Department of Health and Senior Services
PO Box 570
Jefferson City, MO 65109
FAX: 573-526-5220 PHONE: 800-219-3224